



FINAL PLAT APPLICATION

Clay County Planning & Zoning

Fees: (Non-Refundable)

Plat (\$225.00 + \$12.00/per lot & tract) \$

Adjoiners:

Reg. postage rate* X # of Adj. = \$

*Prevailing Postage Rates

Overlay District (\$100.00)

☐ PUD ☐ CD ☐ POD \$

TOTAL: \$

Contact: _____

Address: _____

Telephone: H) _____

B) _____

C) _____

FAX: _____

E-Mail: _____

NOTE: The Fee Total must accompany this application, by check or money order payable to the "Clay County Treasurer"

Name of Subdivision:

Preliminary Plat Approval Date: _____

Prel. Plat Case No.: _____

Have any changes been made to the plat since preliminary approval? ☐ Yes ☐ No If yes, attach explanation on separate sheet. Substantial changes may require a revised Preliminary Plat or new approvals from other agencies.

If Board of Zoning Adjustment has granted any variance regarding this property:

BZA Date: _____

BZA Case No.: _____

(Attach Owner's Authorization, if applicant is different from Owner. If Owner is a Corporation, applicant or person signing Owner's Authorization must be an officer of corporation and must attach certification of corporate office held, to this application.)

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone: _____

H) _____

B) _____

C) _____

F) _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone: _____

H) _____

B) _____

C) _____

F) _____

Surveyor's/Land Planners' Name: _____

Surveyor's/Land Planners' Address: _____

Surveyor's/Land Planners' Telephone: _____

H) _____

B) _____

C) _____

F) _____

All required items *must* be submitted with this application, or the application may be rejected (see INFORMATION ABOUT PRELIMINARY PLATS, FINAL PLATS, AND REZONINGS)

I hereby affirm that the above statements and representations are true and correct.

Applicant's Signature: _____

Date: _____

OFFICE USE ONLY:

Sec: _____ Twn: _____ Rge: _____ Parcel #: _____

Legal: _____ Adjoiner: _____ Health: _____ Water: _____ Hwy: _____ MoDOT: _____ OwnAuth: _____

Fire: _____ School: _____ City: _____ Other: _____